

[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL OF INSURANCE

Policy Number: [Policy Number]
Expiration Date: [Expiration Date]
Property Address: [Insured Property Address]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] will not be renewing the above-referenced insurance policy when it expires on [Expiration Date] at 12:01 A.M. Standard Time.

Reason for Non-Renewal:

This decision was made due to the operation of a prohibited business on the insured premises. Specifically, the nature of the business activities conducted at this location exceeds the eligibility requirements and risk guidelines for a standard residential homeowners policy.

Your current coverage will remain in effect until the expiration date listed above. We recommend that you contact your agent immediately to secure alternative coverage and explore commercial insurance options that may better suit your current business operations.

If you believe this information is incorrect or if the business operations have ceased, please contact our office at [Phone Number] prior to [Date].

Sincerely,

[Agent Name/Underwriter Name]
[Title]
[Insurance Agency/Company Name]